

OFFICE OF THE CRIMINAL JUSTICE PLANNING  
RESOLUTION OF THE GOVERNING BOARD

WHEREAS the District Attorney desires to undertake a certain project designated Victim/Witness to be funded in part from funds made available through the Victim/Witness Assistance Program administered by the Office of Criminal Justice Planning (hereafter referred to as OCJP).

NOW, THEREFORE, BE IT RESOLVED that the District Attorney of the County of Mariposa is authorized, on its behalf to submit the attached proposal to OCJP and is authorized to execute on behalf of the Board of Supervisors the attached Grant Award Agreement including any extensions or amendment thereof.

BE IT FURTHER RESOLVED that the applicant agrees to provide all matching funds required for said project (including amendment thereof) under the Program and funding terms and conditions of OCJP and that the case match will be appropriated as required.

IT IS AGREED that any public liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OCJP disclaim responsibility for any such liability.

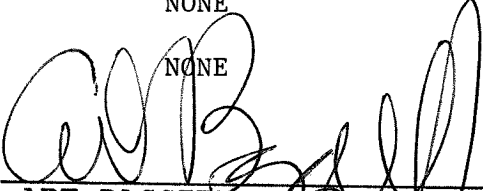
BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

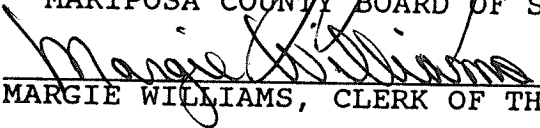
I hereby certify that the foregoing is a true copy of the resolution adopted by the Board of Supervisors of Mariposa County in a meeting thereof held on ~~October 4~~, 1994, by the following vote:  
November 1,

AYES; BAGGETT, BALMAIN, ERICKSON, PARKER, TABER

NOES; NONE

ABSENT; NONE

Signature  DATE 11-1-94  
ART BAGGETT, CHAIRMAN  
MARIPOSA COUNTY BOARD OF SUPERVISORS

ATTEST;  DATE 11-1-94  
MARGIE WILLIAMS, CLERK OF THE BOARD

n/a DATE \_\_\_\_\_  
by: Janet Bibby, Deputy Clerk

DEPARTMENT: DISTRICT ATTORNEY BY: G. Griffith

PHONE: 966-3626

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

It is recommended that the Board authorize the District Attorney to apply for the California Victim Witness Program Grant through the Office of Criminal Justice Planning (OCJP) for the continuation of the Victim-Witness Program now in existence through the District Attorney's Office.

The State requires the same person to be authorized to execute the grant application, agreement, and all reports. Historically, the Board has authorized the District Attorney to execute these documents for this grant program and it is recommended that said function continue to so execute the documents.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The Board of Supervisors has approved applications for this and other grants through OCJP in the past.

On October 4, 1994, the Board adopted Resolution No. 94-430 authorizing the District Attorney to submit the grant application and authorizing the Chairman to sign the agreement. The State will not accept the documents with the District Attorney signing the grant application and the Chairman signing the Agreement.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Do not take advantage of grant monies available to the Victim-Witness Program through this OCJP Program.

Authorize the Chairman to sign all documents versus the District Attorney, resulting in the need for the grant application to be re-done to reflect this action.

**COSTS:** ( ) Not Applicable

A. Budgeted current FY \$ \_\_\_\_\_

B. Total anticipated costs \$ \_\_\_\_\_

C. Required additional funding \$ \_\_\_\_\_

D. Internal transfers \$ \_\_\_\_\_

**SOURCE:** ( ) 4/5ths Vote Required

A. Unanticipated revenues \$ \_\_\_\_\_

B. Reserve for contingencies \$ \_\_\_\_\_

C. Source description: \_\_\_\_\_

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
List the attachments and number the pages consecutively:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLERK'S USE ONLY:**

Res. No.: 94-475 Ord. No. \_\_\_\_\_

Vote - Ayes: 5 Noes: \_\_\_\_\_

Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_

Approved ( ) Denied

Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_

ATTEST: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California

By: \_\_\_\_\_  
Deputy

**ADMINISTRATIVE OFFICER'S RECOMMENDATION:**  
This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: \_\_\_\_\_

A.O. Initials: [Signature]